2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N95000005723

Entity Name: MARION COUNTY FIRE CHIEF'S ASSOCIATION, INCORPORATED

Current Principal Place of Business:

3230 SOUTHEAST MARICAMP ROAD
C/O MARION COUNTY FIRE DEPARTMENT
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

4504 SE 11 PL
OCALA, FL 34471

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCARTHY, ROBIN
9591 NE 21 AVE
ANTHONY, FL 32617 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	HAVEN, JIM	
Address:	4504 SE 11TH PL.	
City-St-Zip:	OCALA, FL 34471	
Title:	CO-C	( ) Delete
Name:	MCCARTHY, EUGENE	
Address:	P.O. BOX 1079	
City-St-Zip:	ANTHONY, FL 32617	
Title:	ST	( ) Delete
Name:	MCCARTHY, ROBIN	
Address:	9591 NE 21 AVE	
City-St-Zip:	ANTHONY, FL 32617	
Title:	D	( ) Delete
Name:	RICHIE, CALVIN	
Address:	4280 SW DEEPWATER CT.	
City-St-Zip:	DUNNELLON, FL 34431	
Title:	D	( ) Delete
Name:	PERRONE, ANDY	
Address:	18809 SW 31ST ST.	
City-St-Zip:	DUNNELLON, FL 32630	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM HAVEN C 01/05/2009
Electronic Signature of Signing Officer or Director — Date